SEC. 8.—It is equally derogatory to professional character for physicians to hold patents for any surgical instruments or medicines; to accept rebates on prescriptions or surgical appliances; to assist unqualified persons to evade legal restrictions governing the practice of medicine; to dispense or promote the use of secret medicines, for if such nostrums are of real efficacy any concealment regarding them is inconsistent with beneficence and professional liberality, and if mystery alone give them public notoriety, such craft implies either disgraceful ignorance or fraudulent avarice. It is highly reprehensible for physicians to give certificates attesting efficacy of secret medicines, or other substances used therapeutically.

ARTICLE II.—PROFESSIONAL SERVICES OF PHYSICIANS TO EACH OTHER.

SECTION 1.—Physicians should not, as a general rule, undertake the treatment of themselves, nor of members of their family. In such circumstances they are peculiarly dependent on each other; therefore, kind offices and professional aid should always be cheerfully and gratuitously afforded. These visits ought not, however, to be obtrusively made, as they may give rise to embarassment or interfere with that free choice on which such confidence depends.

SEC. 2.—All practising physicians and their immediate family dependents are entitled to the gratuitous services of any one or more of the physicians residing near them.

SEC. 3.—When a physician is summoned, from a distance, to the bedside of a colleague in easy financial circumstances, a compensation proportionate to traveling expenses and to the pecuniary loss entailed by absence from the accustomed field of professional labor should be made by the patient or relatives.

SEC. 4.—When more than one physician is attending another, one of the number should take charge of the case, otherwise the concert of thought and action so essential to wise treatment cannot be assured.

SEC. 5.—The affairs of life, the pursuit of health and the various accidents and contingencies to which a physician is peculiarly exposed sometimes require the temporary withdrawal of this physician from daily professional labor and the appointment of a colleague to act for a specified time. The colleague's compliance is an act of courtesy which should always be performed with the utmost consideration for the interest and character of the family physician.

(*Continued on page 277.*)

APPENDICITIS; WITH TABULATED REPORT OF SEVENTY-ONE CONSECUTIVE OPERATIONS.*

By W. W. BECKETT, M. D., Los Angeles.

WHILE there has been a great deal written upon this subject during the last two or three years, but little new has been brought out. Deaver, in a recent article, tells us that the appendix is probably the most vulnerable of the abdominal organs. It is in process of retrograde metamorphosis, it is deficient in blood, nerve and lymphatic supply, it is long, its lumen is small and its neck smaller, hence its drainage is easily interfered with. With the pathological changes which follow the infection of the appendix, we have the formation of pus within the appendix, gangrene of a portion or of the entire body, and as a result, the formation of a circumscribed abscess outside the appendix.

The abscess usually ruptures within three days, through the bowel or through the abdominal wall, or it may, in rare instances, empty into the ureter, bladder or lung. Thrombosis with emboli may form in contiguous vessels. Remote parts may become metastatically infected through these emboli or through infected lymphatics.

The abscess usually ruptures within three days although it may remain circumscribed for months and then rupture or it may lose its virulence and become inactive.

J. B. Murphy sums up the results of a case of appendicitis as follows:

(a) Complete restoration of the normal conditions. (b) Cicatrization with stenosis. (c) Occlusion of any portion or of all the appendical cavity. (d) Flexion or torsion of the appendix. (e) Exclusion of any portion of the appendical cavity with or without fecal concretions. (f) Adhesions. (g) Permanent appendical fistulæ, external or internal. (h) Circumscribed appendical abscess. (i) Retention cysts. (j) Complete disappearance of the appendix, the result of gangrene.

The most common results are flexion, torsion or stenosis of the appendix with adhesions. These conditions contribute largely to the recurrence of the attacks and to continued symptoms after the subsidence of the acute manifestations.

He (Murphy) thinks that at least 80% of acute appendicitis cases recur. The diagnosis is of the greatest importance. When physicians learn to recognize the condition early and realize that it is essentially a surgical disease, many lives will be saved.

In all cases of appendicitis, pain, tenderness and rigidity are the most significant symptoms and have well been termed, cardinal.

The course of the disease may vary greatly, but the initial symptoms usually occur in such regular order and are so uniform, that the diagnosis is, as a rule, very easily made during the first twenty-four hours.

The onset is usually sudden, with severe abdominal pain, diffuse at first, circumscribed later; nausea is always present and frequently there is vomiting. Following these symptoms there is an elevation of temperature with an increase in the pulse rate, which may or may not correspond with the temperature curve.

A chill sometimes occurs at the onset. It may occur if perforation takes place, or later in a case of sepsis.

A fall of the temperature with a weaker and quicker pulse and a distention of the abdomen, is characteristic of a diffuse septic peritonitis, and if preceded by a severe paroxysm of pain, indi-

*Read at the Thirty-third Annual Meeting of the State Society Santa Barbara, April 21-23, 1903.

cates rupture of the appendix. It should not be difficult to differentiate appendicitis from appendical, renal or hepatic colic, intestinal obstruction, suppuration of Fallopian tube, pelvic peritonitis associated with gonorrhea in women, or the twisting of the pedicle of an ovarian cyst.

Typhoid fever is sometimes ushered in with marked right iliac symptoms, but with a carefully elicited previous history the diagnosis should be made without difficulty.

The white blood count, as a means of diagnosis, is unreliable.

During the first forty-eight hours, all cases should be operated upon.

Medical treatment is no more effective in appendicitis than it is in osteomyelitis. Cathartics do no good and should not be given until the acute symptoms begin to subside. Opium destroys the danger signals and diminishes secretion. Gastric lavage often produces excessive straining and increases the danger of rupture of a circumscribed abscess. The icebag gives a false sense of security and masks the symptoms.

In no other condition is an early operation more imperative. Practically all fatal cases could have been saved by early surgical treatment.

By an early operation the mortality is less than 2%, there is no danger of hernia, recurrence of the disease or secondary abscess. By the expectant treatment, the mortality is more than 10% of operated cases and more than 2% of all cases attacked. There is danger of hernia as 50% require prolonged drainage. From 50% to 80% of cases not operated upon, and 2% of cases treated by incision and drainage, recur.

The disease is more dangerous than the operation. The skillful surgeon saves more patients by timely operation than could be saved in any other way. All patients should be treated surgically.

Operate on all cases before the fourth day. After the fourth day if all the symptoms are subsiding, and there is reasonable assurance that the patient will recover, postpone surgical interference until the patient has fully recovered.

When possible, operate on all cases after the first attack, even though it be a mild one—the second may prove fatal.

In the appended report of seventy-one consecutive cases, there were six fatalities. These, with the previously published fifty consecutive cases without a death, make a mortality of a little less than 5%.

The first fatal case *(Case 52)*, was that of a physician. I saw him first on the 14th day after the onset. He was profoundly septic and somewhat jaundiced. Behind the ascending colon there was an extensive slough reaching up to and perforating the diaphragm.

I drained this patient through the anterior incision and through the loin. He died three weeks later of septic pneumonia.

Case 61, was a little girl of five years. The operation was on the sixth day after the attack. The appendix was perforated, gangrenous and was not adherent. There was general septic peritonitis. The cavity was freely drained. The patient died three days later of septic peritonitis.

Case 65, was a girl of eleven years. The operation was on the seventh day after the attack. After the second day of the attack the patient improved and the physician in charge of the case thought she was convalescent, but on the seventh day she grew worse, was extremely restless, did not sleep much the night before. Her temperature ran up to 103° F., with a pulse of 140.

The appendix was gangrenous and perforated and there was a quantity of pus in the cavity. Free drainage was established and the abdominal inflammation seemed to rapidly improve but the nervous symptoms grew worse and meningitis developed from which the patient died five days later. I have seen two other fatal cases of meningitis following appendicitis.

Case 82, was of the fulminating variety. The appendix was gangrenous and perforated and there was general peritonitis. The operation was on the third day. Free drainage was established but the patient did badly and died five days after the operation.

Case 99, was one of those cases that has rather a sharp onset followed in a day or two by subsidence of all the symptoms and then suddenly there is a lighting up of the severe symptoms and the disease runs a rapid course to a fatal ending. After the second day of the attack, the symptoms grew better and the patient seemed much improved, the bowels moved, pulse and temperature lowered, the pain subsided and there was every reason to believe that he would rapidly recover, but on the sixth day he grew rapidly worse, there was great pain and tenderness which extended rapidly over the entire abdomen. The temperature rose to 103° F. and the pulse to 130. The abdomen was retracted. I saw him for the first time the following day and operated at once. The appendix was found to be adherent, gangrenous and perforated. The peritoneum was greatly congested and denuded of its endothelium. This is always indicative of severe strepococcus infection. These cases invariably prove fatal.

Case 102, died of a thrombosis.

Of the series of 121 consecutive cases, the following is a brief summary:

The youngest was four and one-half years old. The oldest was sixty-three years old. Ninety-six were operated on during the attack, of which there were six fatalities. Twenty-five were operated on between attacks of which there were no fatalities. One recurred after opening and draining a walled-off-abscess. In one case, there was a fistula opening into the ureter which persisted for some time. Fifty-six were suppurative cases requiring drainage.

TABULATED REPORT.

No.	Name.	Sex.	Age.	Temperature.	Pulse.	Number of previous attacks.	Nausea and Vomiting.	Pain and tenderness.	Boardiness.	Mass.	Ulcerative appendicitis.	Appendix gangrenous.	Appendix perforated.	Appendix adherent.	Appendix non-adherent.	Enterolith.	Operation, days after onset.	Recurrence after drainage.	Circumscribed abcess cavity, not opened.	Pus free in cavity.	Septic peritonitis, general or local.	Operation during attack.	Operation between attacks.	Fecal fistula.	Death, days after operation.	Suppuration drained.	Appendix removed.	Septic peritonitis, no limiting adhesions.	
51	S. G.	M	13	102	115	1	1	1	1	..	..	1	1	..	..	..	13	..	..	1	..	1	..	..	.....	1	1	..	
52	D. D.	M	54	104	140	1	1	1	1	1	..	1	1	1	..	1	14	..	1	..	..	1	..	..	3 wks	1	1	..	Septic Pneumonia
53	D. R.	M	8	102	100	1	1	1	1	..	..	1	1	..	..	..	3	..	..	1	..	1	..	..	.....	1	1	..	
54	H. G.	M	34	103	110	1	1	1	1	1	..	1	1	1	..	1	2	..	..	1	..	1	..	..	.....	1	1	..	
55	H. M. G.	M	6	103	120	1	1	1	1	..	..	..	..	..	1	..	1	..	..	1	..	1	..	..	.....	..	1	1	
56	B. D. C.	M	40	105	124	2	1	1	1	..	1	..	..	1	..	..	2	..	..	..	..	1	..	..	.....	..	1	1	
57	G. O.	M	23	98.6	72	2	..	..	..	..	..	..	..	1	..	..	21	..	..	..	..	..	1	..	.....	..	1	..	
58	W. E. S.	M	62	102	112	0	1	1	1	1	..	..	..	1	..	..	6	..	1	..	..	1	..	..	.....	1	..	..	
59	M. B.	F	25	101	89	1	..	1	1	..	..	..	..	1	..	..	2	..	..	..	..	1	..	..	.....	..	1	..	
60	F. L. H.	F	24	98.6	80	3	..	..	..	..	..	..	..	1	..	..	22	..	..	..	..	..	..	1	.....	..	1	..	
61	F. P.	F	5	103	140	0	1	1	1	..	..	1	1	..	..	1	6	..	..	1	1	1	..	..	3	1	1	1	Peritonitis
62	J. W. C.	M	40	101	120	5	1	1	1	1	..	1	1	1	..	..	2	..	..	1	1	1	..	..	.....	1	1	..	
63	M. M.	F	19	102	115	0	1	1	1	..	1	1	1	1	..	..	3	..	..	1	1	1	..	..	.....	..	1	1	
64	M. A.	F	19	100	120	0	1	1	1	..	1	..	..	1	..	1	6	..	..	..	..	1	..	..	.....	..	1	..	
65	E. H.	F	11	101	130	0	1	1	1	1	1	1	1	1	..	..	7	..	..	1	1	1	..	..	5	1	1	..	Meningitis
66	F. N.	F	22	102	140	3	1	1	1	..	1	..	..	..	..	1	21	..	..	..	1	1	..	..	.....	..	1	..	
67	F. C.	M	14	101	100	0	1	1	1	1	1	1	1	..	..	..	8	..	1	..	..	1	..	..	.....	1	..	..	
68	G. G.	F	5½	102	120	0	1	1	1	1	1	1	1	..	..	..	8	..	..	1	1	1	..	..	.....	1	..	..	
69	C. F.	M	30	98.6	74	0	..	..	..	..	..	..	..	..	..	..	.....	..	..	..	..	1	..	..	.....	..	..	..	
70	P. L. B.	M	22	103½	130	0	1	1	1	1	1	1	1	1	..	..	2	..	..	1	1	1	..	..	.....	1	1	1	
71	J. D.	F	18	98.6	70	1	..	..	..	..	..	..	..	..	..	..	.....	..	..	..	..	1	..	..	.....	..	1	..	
72	E. L. R.	M	41	102	120	0	1	1	1	..	..	1	1	1	..	..	4	..	..	..	1	1	..	..	.....	1	..	..	
73	M. B.	F	44	101	126	0	1	1	1	..	1	..	..	..	1	..	2	..	..	..	..	1	..	..	.....	..	1	..	
74	M. P.	F	14	101	130	0	1	1	1	1	1	1	1	..	..	..	10	..	..	1	1	1	..	..	.....	1	..	..	
75	A. W.	F	14	104	140	0	1	1	1	1	1	1	1	1	..	1	14	..	..	1	1	1	..	..	.....	1	1	1	
76	M. H.	F	30	101	105	0	1	1	1	..	..	..	..	1	..	..	7	..	1	..	..	1	..	..	.....	1	..	..	
77	C. G.	M	36	104	120	1	1	1	1	..	1	1	1	1	..	1	3	..	..	1	1	1	..	..	.....	1	1	1	
78	R. V. L.	F	7	100	110	0	1	1	1	..	..	..	..	1	..	..	4	..	..	..	..	1	..	..	.....	..	1	1	
79	L. P. B.	M	28	100	109	1	1	1	1	..	1	..	..	1	..	1	2	..	..	..	1	1	..	..	.....	..	1	..	
80	F. B.	M	7	102	140	1	1	1	1	1	1	1	..	..	1	1	4	..	..	..	..	1	..	..	.....	1	1	1	
81	A. C. W.	M	54	98.6	68	2	..	..	..	..	1	1	1	1	..	1	84	1	..	..	..	..	1	1	.....	1	1	..	
82	T. J. A.	M	22	103	130	1	1	1	1	..	1	1	1	1	..	1	3	..	..	..	1	1	..	..	5	..	1	1	Peritonitis
83	C. C. W.	M	32	99	90	3	..	1	..	..	..	..	..	1	..	..	5	..	..	..	..	1	..	..	.....	..	1	..	
84	G. I. W.	M	51	102.6	110	0	1	1	1	..	..	1	..	..	1	1	1	..	..	..	1	1	..	..	.....	..	1	1	
85	M. W.	F	54	103	116	0	1	1	1	..	1	..	..	1	..	1	4	..	..	..	..	1	..	..	.....	1	1	..	
86	S. W. E.	M	63	100	64	1	..	1	..	1	1	1	..	1	..	..	10	1	..	..	..	1	..	..	.....	..	1	..	
87	A. B. C.	M	30	103	110	0	1	1	1	..	..	1	1	1	..	..	3	..	..	1	1	1	..	..	.....	1	1	..	
88	W. B. B.	F	31	103½	130	0	1	1	1	..	..	..	..	..	1	1	3	..	..	1	1	1	..	..	.....	..	1	1	
89	G. V. K.	F	28	98.6	73	1	..	..	..	..	..	..	..	..	..	1	.....	..	..	..	..	..	1	..	.....	..	1	..	
90	J. H. H.	F	51	98.6	90	0	..	..	..	..	..	..	1	..	..	1	.....	..	..	..	..	1	..	..	.....	..	1	..	
91	P. S.	F	19	104.2	146	3	1	1	1	1	..	..	1	..	..	..	3	..	..	1	1	1	..	..	.....	1	1	1	
92	W. M.	F	29	103	100	0	1	1	1	1	..	..	..	..	..	..	.....	..	..	..	..	1	..	..	.....	..	1	..	
93	L. N.	M	15	102	120	2	1	1	1	..	..	..	..	..	..	..	.....	..	..	..	..	1	..	..	.....	..	1	..	
94	M. K.	F	21	101	118	0	..	1	1	..	..	..	..	..	..	..	.....	..	..	..	..	1	..	..	.....	..	1	..	
95	R. A.	M	7	103	102	0	1	1	1	..	1	1	1	1	..	1	4	..	..	..	1	1	..	..	.....	1	1	..	
96	E. D.	F	33	103	160	1	1	1	1	1	..	1	1	1	..	1	4	1	..	1	1	1	..	..	.....	1	1	..	
97	O. V. C.	F	35	98.6	77	5	..	..	..	..	..	..	..	1	..	..	.....	..	..	..	..	..	1	..	.....	..	1	..	
98	N. B.	F	23	103.2	140	1	1	1	1	1	1	1	1	..	1	1	30h	..	..	..	1	1	..	..	.....	..	1	1	
99	W. R.	M	23	103	90	1	1	1	1	1	1	1	1	..	..	1	7½	..	..	..	1	1	..	..	1½	1	1	..	
100	W. G.	F	46	101	120	1	1	1	1	1	1	1	1	1	..	1	8	..	..	..	1	1	..	..	.....	1	1	..	
101	M. L. W.	F	48	103	120	1	1	1	1	..	1	1	1	..	1	1	26h	..	..	..	1	1	..	..	.....	1	1	1	
102	N. B.	F	26	99	95	3	..	1	..	..	..	..	..	1	..	..	4	..	..	..	..	1	..	..	36h	..	1	.	Thrombosis
103	B. S.	M	52	100	76	0	1	1	1	1	1	1	1	1	..	1	9	..	..	..	1	1	..	..	.....	1	1	..	
104	C. F.	F	19	101	140	3	1	1	1	..	1	..	..	..	1	..	1	..	..	..	1	1	..	..	.....	..	1	..	
105	R. D. P.	F	34	99	76	0	..	..	..	..	..	..	..	..	1	..	.....	..	..	..	..	..	1	..	.....	..	1	..	
106	W. B.	M	8	100	90	0	1	1	1	1	1	1	1	..	..	1	2	..	..	..	1	1	..	..	.....	..	1	1	
107	H. M.	F	18	102	110	1	..	1	1	..	1	..	1	1	..	..	4	..	..	..	..	1	..	..	.....	..	1	..	
108	J. T.	M	49	101	94	1	1	1	1	..	1	1	1	1	..	1	2	..	..	..	1	1	..	..	.....	..	1	1	
109	S. B. S.	F	32	98.6	76	1	..	..	..	..	..	..	..	..	1	..	.....	..	..	..	..	..	1	..	.....	..	1	..	
110	M. E.	F	19	101.5	155	1	1	1	1	..	1	1	1	1	..	1	4	..	..	..	..	1	..	..	.....	1	1	1	
111	C. F. D.	F	35	99	75	3	..	..	..	..	..	..	..	1	..	1	21	..	..	..	..	..	1	..	.....	..	1	..	
112	L. M.	F	38	98.6	80	1	..	..	..	..	..	..	..	..	1	..	.....	..	..	..	..	..	1	..	.....	..	1	..	
113	C. B. B.	F	41	98.6	76	1	..	..	..	..	..	..	..	..	1	..	.....	..	..	..	..	..	1	..	.....	..	1	..	
114	E. M.	M	27	100	112	3	1	1	1	..	..	..	..	1	..	..	.....	..	..	..	1	1	..	..	.....	..	1	..	
115	E. J. W.	F	42	101	120	1	1	1	1	..	..	..	..	1	..	1	1	..	..	..	1	1	..	..	.....	..	1	..	
116	F. L. W.	F	53	98.6	74	0	..	..	..	..	..	..	..	..	1	..	.....	..	..	..	..	..	1	..	.....	..	1	..	
117	J. W.	M	51	98.6	72	1	..	..	..	..	..	..	..	..	1	..	.....	..	..	..	..	1	..	..	.....	..	1	..	
118	S. B.	M	49	101	99	0	..	1	1	..	..	..	..	..	..	..	.....	..	..	..	..	1	..	..	.....	..	1	..	
119	N. D.	M	46	102	100	1	1	1	1	..	..	1	..	1	..	1	.....	..	..	..	1	1	..	..	.....	..	1	..	
120	O. W. R.	M	38	100	84	5	..	1	1	..	..	..	..	1	..	..	14	..	..	..	..	1	..	..	.....	..	1	..	
121	C. J.	F	43	99	86	0	1	1	1	..	..	..	..	..	..	..	12h	..	..	..	..	1	..	..	.....	..	1	..	